

STATE OF SOUTH CAROLINA

Description of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2013 - 263 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Anta Marie Dawkins

Telephone:

843 617 3425

Address: 2552 Harlees Bridge Rd

Fax:

843 627 3301

Hamers SC 29547

Other:

Email: tricedawkins@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

Application - Class A/A Restricted

☐ Request for Name Change on Certificate

Application - Class C Taxi

☐ Request to Amend Scope of Authority

Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

Application - Class C Non-Emergency

☐ Request

Application - Class C Stretcher Van

☐ Exhibit

Application - Class E Household Goods

☐ Late-Filed Exhibit

Application - Class E Hazardous Waste

☐ Letter

Application

☐ Proposed Order

Request for Extension to Comply with Order

☐ Publisher's Affidavit

Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

Request for Cancellation of Certificate

☐ Response

Request for Suspension

☐ Return to Petition

Request for Reinstatement

☐ Other:

RECEIVED

JUN 26 2013

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Ad

244898

2013-263-T

Name: Anta Marie Detrice Dawkins dba Wildcats Logistics Nonemergency

Per Mile would range from 2.00 a mile to 4.00 depending on the area and if we have to wait on patient during visit. Hourly rate would range from [REDACTED] an hour.

My phone number is 843.617.3425 fax 843.627.3301

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JUN 26 2013

PSC SC
MAIL / DMS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

CLASS C - NON-EMERGENCY

JUN 26 2013

Date:

6/7/2013

PSC SC
MAIL / DMS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Wildcats Logistics

2552 Harlees Bridge Rd Harmer SC 29547

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843 617 3425

Phone

843 627 3301

Fax

tricedawkins@yahoo.com

Email Address

the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____

Year _____

Assets:

Cash		
Receivables		
Real Estate		
Buildings and Equipment (Net)		
Motor Vehicles (Net)	10,000	
Garage Equipment (Net)		
Machinery and Tools (Net)		
Supplies on Hand	7,000	
Prepays and Other Assets		
Total Assets *	17,000	

Liabilities and Equity:

Accounts Payable		
Notes Payable		
Mortgages Payable		
Equipment Obligations		
Accrued Salaries and Wages		
Other Accrued Obligations		
Other Liabilities		
Total Liabilities	0	
Capital Stock		
Retained Earnings		
Total Equity		
Total Liabilities and Equity *	0	

Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

(See attached sheet)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|--|---|--|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input checked="" type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input checked="" type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input checked="" type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input checked="" type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input checked="" type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input checked="" type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input checked="" type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Expedition	2004 Ford	1FMPU15LX4LB58891		ND

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commissioner, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Detrice Dawkins

Name of Applicant

2552 Harbree Ridge Rd Harner SC 2947

Address of Applicant

Amount of Premium:

Commercial Auto Liability \$6110.00

Liability Insurance \$ General Liability \$1163.68

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$1,000,000	\$1,000,000
Medical Payments per Person	\$1,000	\$5000

Johnson & Johnson Insurance and Tapco Underwriters

Name of Insurance Company

Johnson & Johnson, PO Box 899, Charleston, SC 29402; Tapco Underwriters, PO Box 286, Home Office Address of Company: Burlington, NC 27215

I am familiar with the Commissioner's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6-25-13
Date

[Signature]
Authorized Insurance Company Representative's Signature

NOTICE

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 58-9-60 and 58-23-910. For more information, contact Vickie Collier with the Department of Motor Vehicles at (803) 896-5457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 733-3712 or on the web at www.wcc.state.sc.us/self-insurance.

1 of 9

Exhibit Fit, Willing, and Able (FWA)Wildcats Freight Logistics

Name

U.S.D.O.T No.

ICC No.

MC#553173

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

Applicant understands that drivers must wear a professional uniform and photo identification badge that visibly identifies the driver and the company for whom the driver works.

☒ Yes☐ No

Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

RECEIVED

JUN 10 2013

TRANS DEPT

Anta Marie Detrice Dawkins
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

Dillon

SWORN TO BEFORE ME

This 10th day of June, 2013

Cynthia McAllister
Notary Public

Commission Expires My Commission Expires March 17, 2020